



Who cares for the carer?

Exploring the role of advocacy in supporting young carers



Acknowledgment

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INTRODUCTION

In this report we present key findings from a study of Sandwell Advocacy's Young Carers service. The report firstly outlines the background and context to the study, paying heed to what is meant by Advocacy.

The report details the approach to the study, including the methodology and an overview of the participants and data collected. The main body of the report centres on the following key areas: -

Section 1:

Key Findings: Analysis of Sandwell monitoring data

Section 2:

Understanding need and experiences of Young Carers Advocacy

Section 3:

Final Reflections

BACKGROUND & CONTEXT

What is a young carer?

A 'Young Carer' is a term used in the UK to refer to children and young people with informal care-giving responsibilities for other people, usually, but not always, co-resident family members (e.g., a parent or sibling), who have a chronic illness, physical or mental disability (Smyth, Cass and Hill, 2011). The roles and responsibilities of a young carer can cover a range of different care tasks from practical support such as mobility assistance, help with medication, administering injections, housework, shopping and meal preparation to more emotional tasks involving giving 24-hour personal support including: toileting, washing, showering and bathing, dressing and undressing, and putting someone to bed (Morgan, 2006; Noble-Carr and DFACS, 2002a and 2002b).

The major roles and responsibilities of young carers in providing practical and emotional support to other people can mean they are vulnerable to various social, emotional and psychological issues (Warren, 2007). Hence, research highlights a range of negative outcomes for young carers stemming from carrying out a range of informal caring tasks and responsibilities that go beyond not only what adults would normally expect of children but also what most children would expect to routinely do within the family context (Becker, 2007). Some of the key issues that could potentially impact the lives of young carers are both internal (e.g., the emotional and psychological strain of caring duties on young carers' wellbeing) and external (e.g., exclusion and isolation, perceptions from and engagement with state social care systems) and these are discussed in detail below: -

Young carers and Well-being

Young carers are said to have a diverse range of interconnected issues associated with social (Lloyd, 2013), and psychological and emotional wellbeing (Cree, 2003). Research conducted by Lloyd (2013) identified that young carers had poorer self-reported social wellbeing than their non-caring counterparts overall. Lloyd highlighted that children who are carers experienced greater bullying and are less likely to be happy at school and have poorer educational attainment when compared with children who are not carers. This is supported by Cree, whose 2003 study identified that young carers had a range of problems in relation to their social well-being

including, the impact their caring responsibilities had on their relationships with friends and school work (see also, Coleman 1990). Furthermore, the impact of young carers' social well-being is said to have influence on and also influence the psychological and emotional strains of their caring role. For instance, in Cree's (2003) study over one third of children interviewed worried about being bullied and about not having any friends and that these factors were inevitably affected by the experience of being a young carer.

This is further maintained in other research studies on young carers' well-being in which many young carers in Dearden and Becker's (2000) study worried about their school work and as many as seventy one percent of adults who had previously been young carers in Bibby and Becker's (2000) study experienced psychological and emotional distress as a result of being bullied at school, where bullying is defined as verbal, physical or emotional abuse.

Cree (2003) maintained that issues of both social, and psychological and emotional well-being of young carers increased greatly dependent on the longevity of their caring responsibilities. This is evidenced in the responses participants gave to the questions relating to problems at school. For instance, seventy-five percent of those who had been caring 'as long as I can remember' reported having problems at school, as compared with fifty-seven percent of those who had been caring for 'quite a long time' and thirty-three percent who had 'just recently' become carers (Cree, 2003). Cree's findings correspond with the wider 'issues of young carers' literature which indicates that young carers frequently experience educational difficulties associated with punctuality and attendance, poor concentration and difficulty in completing class-work and homework (see Blyth et al, 1995).

Despite issues around the impact caring responsibilities had on the social, and psychological and emotional well-being of young people, research conducted by Action and Carter (2016) has indicated that such issues can be alleviated through engagement with nature, and demonstration of their 'feelings of closeness to the natural world and being engaged in a relationship with nature' (p.10). In fact, some of the responses Action and Carter received from participants were that because nature was evocative of notions of harmony, happiness and peacefulness it made young carers feel at ease; for example, one young person explained in a poem that 'Inside I feel happy to be where nature grows'. Therefore, the use of poetry or any other creative means of engaging with nature can have a positive impact on the alleviation of the pressures and strains of young people's day-to-day caring role.



Exclusion & isolation

A common experience described and shared by young carers are feelings of exclusion and isolation. Exclusion and isolation of young carers happens in multiple and different ways. According to McAndrew *et al* (2012) many young carers, because of their caring responsibilities, feel excluded from receiving appropriate educational support. McAndrew and colleagues asserted that while the nature of lost educational opportunities derived out of significantly different social and personal circumstances, the outcomes were often the same. For instance, young carers losing time from school because of the need to stay at home to support another family member meant that some young carers showed up to school tired due to having to be up very early in the morning to carry out their caring duties (see Banks *et al* 2002, also).

It is not just in the educational environment where young carers feel isolated. They are also excluded from being included in the decision making process about their own care. For instance, in McAndrew *et al*'s (2012) study young carers often described themselves as 'the forgotten'. Their interpretation of this was being forgotten excluded them from having a 'voice'. This 'voiceless' frustration came through in McAndrew *et al*'s study where young people had not already been informed of available services. However, on hearing these frustrations of young carers, McAndrew and colleagues did highlight that professionals were keen to ensure that the young people knew about services they could access that might provide them with extra support. For example, 'as many young people use public transport, and so one suggestion was a young people's services contact page in the free paper provided on all local transport.' (p. 16).

On top of these more institutionalised forms of exclusion and isolation, young carers also experienced feelings of social exclusion and isolation at an individual level. This is suggested by Gray *et al* (2008) who maintain that one of the greatest challenges for advocacy professionals is trying to tackle the social and peer-group isolation young carers face. This is important as the experience of being a young carer can have a major impact in terms of influencing and shaping social relationships. Through a questionnaire survey, Roache and Tucker (2003) revealed that around thirty percent of the young people in their study, who had caring duties and responsibilities often scaled back the amount of their out-of-school and 'leisure' time for caring for a sibling, or attending to the needs of a sick or disabled family member and undertaking general household management tasks. It was not unusual, for instance, for the home to be viewed as 'the limits of my world' (Roache and Tucker 2003: p. 447).

Service support: bad and good practice

There is growing recognition that young people who care for a co-resident family member affected by illness, disability and mental health issues (amongst other things) often need a range of support networks to ensure their own needs are met (Moore and McArthur, 2007). Studies, however, have historically demonstrated that large numbers of young carers either do not receive any assistance from the service system or do not receive adequate levels of support to meet their needs (Low *et al.*, 1999; Lundh, 1999). This concern is supported by McAndrew and colleagues (2012) who argue that while there are pockets of good support, the system as a whole lacks consistency. For the young carers in their study, McAndrew *et al* described how they were often bullied in school but felt as though they could not seek help in dealing with this because the services or their knowledge of services was not there, further heightening their vulnerability. This is not to say it is the fault and responsibility of service providers for the lack of appropriate support for young carers. Rather, there are structural barriers that prevent appropriate service provisions being put in place. Gray, Robinson and Seddon (2008) suggest that child protection legislation is an issue that could potentially discourage services designed for young carers, with one professional interviewed in their study stating: 'We don't provide services to young carers on the basis of there are so many child protection issues to consider. We're not experts in the child protection issues so we need to team up with someone who is' (p. 170).

What we are starting to see more recently, nonetheless, is a shift towards greater recognition of young carers and examples of good service practice and delivery in supporting the needs of young people with a care role. Gray, Robinson and Seddon (2008) maintain services that provide young carers with groups and forums were said to be a particularly successful method that encouraged young carers to befriend one another as well as helping to establish consistent and trusting relationships with peers and professionals. These groups/forums established a safe context for young carers to interact with each other and professionals, building up much needed feelings of safety, which combated negative emotions of stigma and isolation, and which subsequently facilitated informal information sharing between young carers and professionals, meaning young carers did not feel alone. However, it is not just about providing a space where young carers can talk freely and openly to other young carers and professionals to build trust. It is also about service providers taking a holistic approach in supporting young carers by working with

them and their wider familial and community contexts. Some of the key characteristics of this holistic approach are detailed below: -

- **Family-centred work: recognising interconnections** – It is important to recognise that working with the young person in isolation of the family unit is not beneficial. Professionals and service providers need to work with both the family and the young person to understand the interconnections of the issues and needs of the young carer. Two examples of this can be: dealing with multiple caregiving duties and mediating family conflicts.
- **Building and valuing relations of trust** - not uncommon in the lives of young carers were experiences that had led them to be mistrustful of professionals (especially statutory bodies). Professionals, therefore, need to work with young carers and their families to build trust to maintain a stable support network.
- **One-to-one work** - Once having worked on building relations of trust, it is easier to maintain an honest interpersonal dialogue. Talking to young carers about their interpersonal relationships with project workers is a way of overcoming some of their preconceived and 'lived' disappointments as typical experiences in dealing with services.
- **Group work** – Greater emphasis on developing group activities that would engage young carers' interests is needed. Participants should shape and in some cases organise activities, particularly those activities that are fun and encourage building relationships with peers and professionals. Many activities, particularly those with an educational or self-help purpose like health groups and yoga have been quite successful in previous studies. Also activities that take young carers to other interesting places like theme parks, the theatre or cinema, gyms and so on. This can help build enthusiasm about their experiences of group work in all its forms, and provides them with a number of opportunities and benefits (e.g., break from caring role, building friendships, etc.) (Grant, Repper and Nolan, 2008).

'Hidden' young carers

Another issue for young carers is that they are a largely hidden group, and until recently neglected in policy, legislation and practice as well as in empirical research (Banks *et al.*, 2002). There are three (perhaps interconnected) factors at work which invisibilise young people with caring responsibilities. These are: -

- **Firstly**, Young people are often ignored by professionals because they frequently do not disclose details of their home life to others. According to Roache and Tucker (2003) although most of the young carers are likely to have friends at school or communicate with teachers, most of them do not talk openly about their caring role, which might hinder young people being referred to services.
- **Secondly**, there are deep anxieties on the part of young carers and their families – a fear that if they are honest about their situation and needs the family will be stigmatised. Such viewpoints of young carers have impact on professionals' anxiety regarding how to act in such situations, which then influence the persistent professional attitudes and practices that routinely ignore young people and fail to take them seriously (Roache and Tucker, 2003).
- **Thirdly**, service provisions are currently operating within a policy context of austerity and competition. This can create a series of issues which hide young people with caring duties as providers are more likely to compete against each other, therefore limiting information-sharing.

Being a Young carer can also be a positive experience: Gains & risks

Heyman and Heyman (2013) maintain that the role of being a young carer is one bounded by risks and gains. This view is supported by Aldridge (2008) who argues that the role of a young carer is often a contradictory one, based on polarised associations between childhood (lack of responsibility) and caring (responsibility and work).

However, Aldridge asserts that while young caring can bring a number of particular risks (e.g., long-term social, emotional and psychological harm), it can also be about liberalism and empowerment (e.g., giving children a voice).

One of the potential gains of young caring is that it can foster a positive identity as a carer based on the social recognition of the value of the caring role (Cassidy and Giles, 2013). This is because children living with, and caring for, parents or another co-resident family member can increase the child's agency. In fact, in Aldridge's

(2008) study on young people who care for parents with serious mental health conditions, she found that increased autonomy, and identity and recognition of young people with caring responsibilities increased the number of young carers' practitioners (young carers' project workers) who were reporting increasing numbers of children's referrals from community mental health teams across the UK. There are also a number of studies (see for example, Becker *et al.*, 1998; Robson *et al.*, 2006) which illustrate that children have said that they gained a sense of well-being, a feeling of being needed and having achieved something positive through their caring roles. However, Jo Aldridge, along with Saul Becker have argued elsewhere (see Aldridge and Becker, 2003) that children adapting to their caring role and identities may not necessarily be a sign of increased agency and autonomy. Rather, they do so out of a sense of love and duty and the close interdependency that often typifies the caring (parent-child) relationship. So while there is the potential gain of increased agency as a young carer, this gain is still balanced with potential risks. For instance, Banks and colleagues (2002) interviewed young carers about their leisure activities and found that participants indicated that they rarely engaged in social activities outside the home, with some of the participants not actually remembering a time when they did not help.

Another gain from the duality, or contradiction, of young caring is the attempted recognition of such responsibilities as evidence of providing a number of goods or services and the creation of personal capital, whether this is material, human, social or cultural for whomever they are caring for (Zelizer, 2005). However, Aldridge (2008) explains there are a number of problems with denoting children's caring responsibilities as simply work. Aldridge suggests there is a tension within this duality approach in which it confers choice where often there is none and, at the same time, fails to give credit where it is due. Indeed, much of the evidence from studies on young caring refutes the idea that children have any choice in either creating boundaries between what is acceptable and unacceptable work or in negotiating the form care responsibilities take (see Aldridge and Becker, 1993, 1994; Meredith, 1991). What has also been a dominant feature in much of the young carers' research is that children often have little choice in the onset, type and extent of their caring duties, not because of poor relationships between parents, but because of the lack of adequate support services and interventions and because of the failure to recognise the importance of children's caring contributions and their need for such recognition and inclusion, further perpetuating the unequal status of, and role children play within British society more generally (see Heyman and Heyman, 2013).



Time Out: 'Taking time out from their caring responsibilities'

What is advocacy: types of advocacy?

'Advocacy is taking action to help people say what they want, secure their rights, represent their interests and obtain services they need. Advocates and advocacy schemes work in partnership with the people they support and take their side. Advocacy promotes social inclusion equality and social justice' (Advocacy for Action, 2002: p. 2).

Why do people need advocacy?

Advocacy can support individuals in a diverse range of circumstances. For example:

- People are being treated unfairly as a result of other people's prejudices, or their own vulnerability, or both.
- People feel they have no family, friends or anyone in the wider community whom they can turn to for support.
- Family and/or friends may be part of the problem.
- People may have professional paid workers involved in their lives who are not providing services which take into account their needs and/or requirements.

The Role of an Advocate

An independent advocate is someone who gives voice to marginalised people/communities but operates outside of the service providing advocacy. Advocacy is a relationship between the person, group or organisation providing advocacy - the advocate, and the person who is being supported - the partner. A number of principles are therefore central to this relationship. An advocate should be there to: -

- Support the partner in expressing their views, concerns and opinions.
- Speak on behalf of the partner, raising any issues where required, but only as the partner wishes. It is desirable that people regain their own power to speak for themselves where possible. Advocates will support people when they speak for themselves.
- Develop a one to one relationship with a person for as long the need for advocacy is identified
- Enabling the partner to make his or her own decisions and choices whenever possible, even if the process of engagement is slow and uncertain. An advocate ensures that their partner retains maximum control.
- Remain neutral, and independent of organisations and services that their partner is dealing with.

- Defend their partners' information unless expressly allowed to share it.
- Understand and respect the rights of partner confidentiality at all times.

Types of advocacy

The role of advocacy has evolved over time and has extended its role to support those within residential care settings as well as those residing within the community (Monaghan, 2009). Further, in recognition of the diversity of circumstances in which people can be supported by advocacy a range of advocacy responses have developed over time. The main types of advocacy include: -

- Citizen Advocacy
- Independent (Issue-based) Advocacy
- Self-Advocacy
- Group Advocacy
- Peer Advocacy
- Legal advocacy
- Professional Advocacy
- Family and Friend advocacy
- Independent Mental Capacity Advocates (IMCAs)
- Independent Mental Health Advocates (IMHAs)
- Advocacy under The Care Act 2014

There are clear links between this spectrum or continuum of advocacy types and people may need different types of advocacy at different times depending upon their circumstances, needs and wants.

What does Young Carers Advocacy look like?

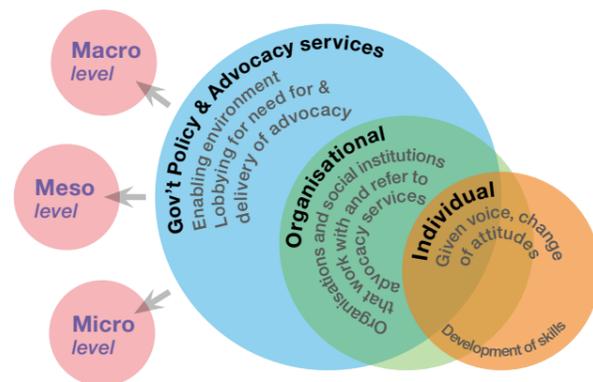


Figure 1

Young Carers Advocacy is a dynamic form of advocacy. It is a model that in line with other models of advocacy is responsive to a young carers needs, and aims to establish a relationship of trust between the advocate and the young carer and supports young carers to take control and have a say in the decisions that are being made about their lives (e.g., working across macro-, meso- and micro levels of operation to support the individual). However, because the young carers' model of advocacy involves working with young people, it also requires engagement with their wider familial context. This is important because most often the issues young carers have are family-related, either issues pertaining to caring for another member of the family or issues relating to the family environment which is affecting the young person in some way (e.g., domestic abuse, etc.). Thus, to support young carers, advocates often work with the whole family unit.

Demography of Sandwell Borough

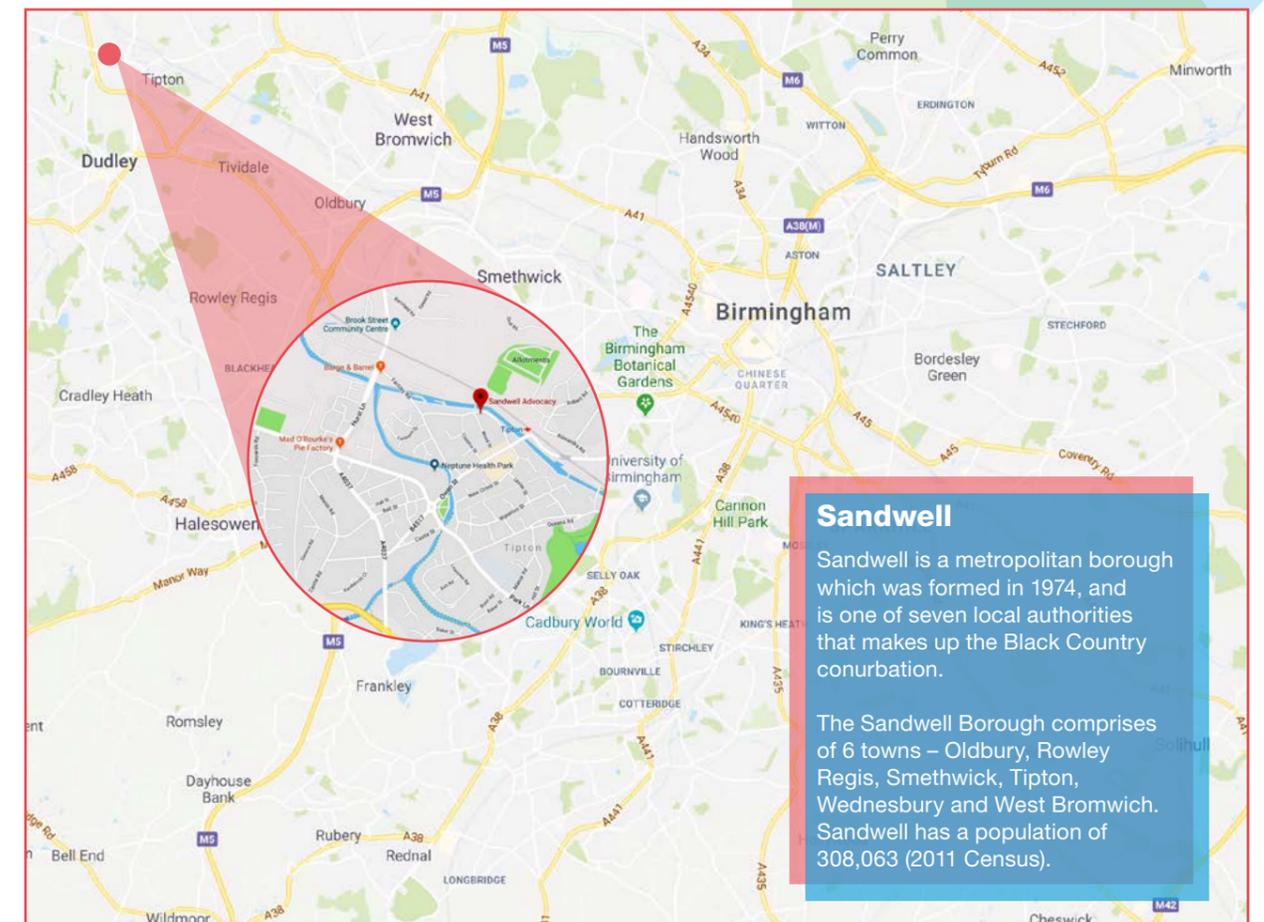


Figure 2



Age

This table shows the change in the borough's population age profile.

The population age is divided into eight broad groups: aged 0-4, aged 5-15, aged 16-24, aged 25-29, aged 30-44, aged 45-59, aged 60-74, and aged 75-and-over.

Most notably, when taken together young persons aged 0-24 make up a large proportion of the borough's population (103,210 residents or 33.5 percent of the total population).

Age	Sandwell #	Sandwell %
 Aged 0-4	22,669	7.4
 Aged 5-15	43,565	14.1
 Aged 16-24	36,975	12
 Aged 25-29	23,085	7.5
 Aged 30-44	64,814	21
 Aged 45-59	54,884	17.8
 Aged 60-74	39,750	12.9
 Aged 75-and-over	22,321	7.2

Table 1

Ethnicity

Sandwell is predominately a White borough, with 69.9 percent of its population identifying as White British or White Other. However, Sandwell has become increasingly ethnically diverse with Asian groups, including Indian, Pakistani, Bangladeshi, Chinese and Other Asian accounting for 19.2 percent of the population, and Black Caribbean, Black African and Black Other groups making up 5.9 percent.

Ethnicity	Sandwell #	Sandwell %
White British	202,822	65.8
White Other	12,649	4.1
Mixed	10,199	3.3
Asian Indian	31,400	10.2
Asian Pakistani	13,952	4.5
Asian Bangladeshi	6,588	2.1
Chinese	839	0.3
Asian Other	6,479	2.1
Black Caribbean	11,382	3.7
Black African	4,396	1.4
Black Other	2,579	0.8
Arab	901	0.3
Other ethnic	3,877	1.3

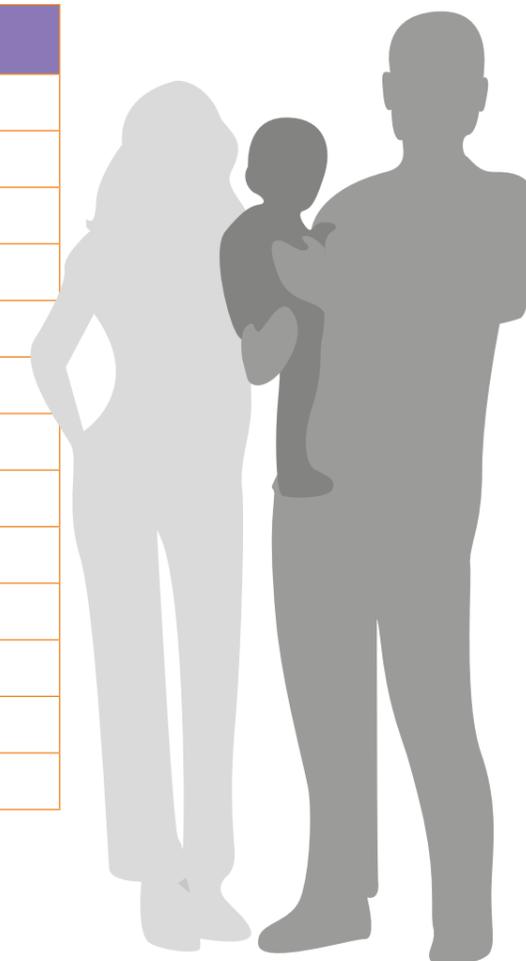


Table 2

Qualifications

The table below shows that residents with no qualifications is significantly high within Sandwell (see 2011 Census).

Qualifications	Sandwell #	Sandwell %
Qualifications at Degree level or higher	37,151	15.4
No qualifications	85,040	35.2

Table 3

User Engagement Group: 'A group of young carers coming together to share experiences, provide peer support and working in co-production to shape provision with Sandwell Advocacy'



Working status

Sandwell is relatively high in its economic activity with regards to its rates of employment

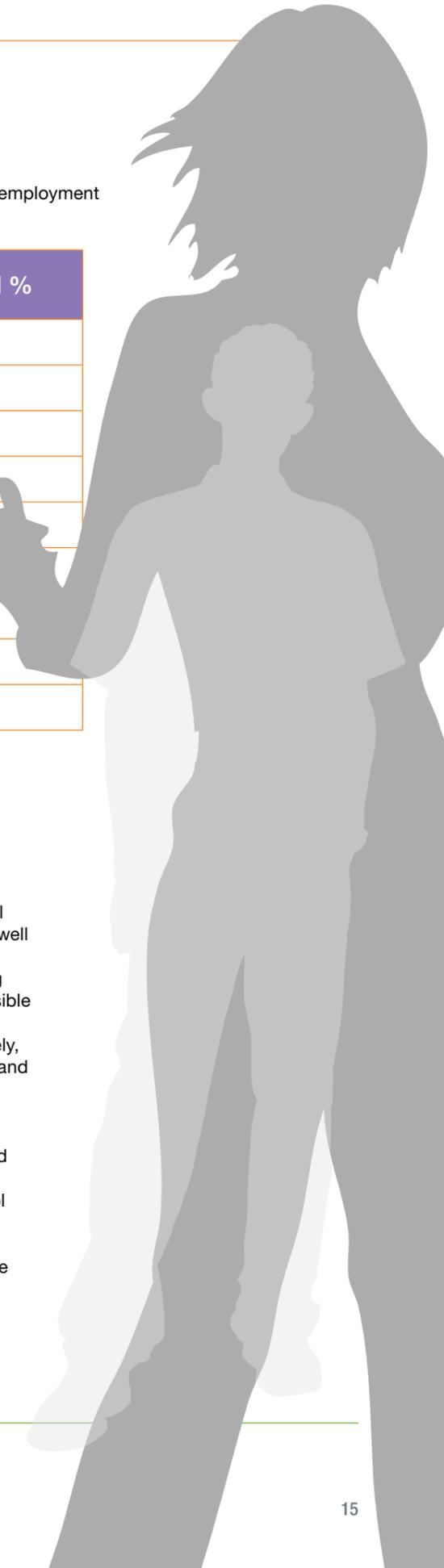
Working status	Sandwell #	Sandwell %
Employed	124,338	56.6
Unemployed	16,049	7.3
Long Term Unemployed	6,937	3.2
Student Economically Active	6,266	2.9
Retired	28,582	13.0
Student Economically Inactive	11,728	5.3
Looking After Home or Family	12,859	5.9
Long Term Sick or Disabled	12,679	5.8
Other Inactive	7,007	3.2

Table 4

Sandwell Advocacy

Sandwell Advocacy is a charity based in Tipton who has been providing advocacy services throughout the Borough of Sandwell since 1993. They provide support services to individuals who feel that they have no meaningful involvement in decisions that are made which directly affect their lives. Sandwell Advocacy adopts a person-centred model of advocacy in which they work with individuals to ensure they are placed at the heart of the decision-making process. They support people to ensure that they are able to explore all possible avenues open to them, and to discuss options and ensure that people make informed decisions about their own lives and the support they need. Ultimately, Sandwell Advocacy acts as an enabler to allow individuals to have more say and control over what happens in their lives.

Since 2011, as part of Sandwell Advocacy's wider advocacy work, they have been working to protect children and young people from harm and abuse and ensure their rights are safeguarded. They provide support for young people with a care role with the aim to empower young carers to have greater control over their everyday lives. Sandwell Approach employs a holistic approach to the advocacy work they do with young people where they look at the holistic needs of the young carer and their family in order to make sure their rights are respected and their views and wishes are heard at all times.



METHODOLOGY

Research design

This was a mixed-method study based on an interrogation of monitoring data collected by Sandwell Advocacy, semi-structured interviews with practitioners, professionals, and young carers and their family members and an interactive workshop with young carers.

A mixed-methods design was chosen as it allowed the research team to not only quantitatively measure how many young people were accessing Sandwell Advocacy's service as well as the social demography of participants, but also make sense of the statistics by interviewing and engaging with practitioners, professionals, and young carers and their family members around their experiences and understanding of advocacy.

The research design provided an opportunity to gain an insight to provide an in-depth understanding of the process of Young Carers Advocacy from the perspective of key stakeholders, which included: -

- Service Commissioner
- Service Manager
- Project Manager
- Advocates
- Young Carers
- Young Carer's family members
- Social Care and Educational practitioners

Semi-structured interviews

A total of eleven semi structured interviews were conducted with a range of key stakeholders including, three Young Carer Advocates, one commissioner, two young carers, two family members, one educational practitioner and two social care practitioner: -

Social Care	2
Commissioner(s)	1
Education	1
Advocate	3
Family member (Mothers)	2
Young carer	2
Total	11

Table 5

Young Carers workshop

Young carers who had been supported by Sandwell Advocacy were invited to attend a barbering workshop. The workshop was hosted at Sandwell Advocacy during the summer school break and was organised to give young carers an opportunity to engage in an activity that was fun, would introduce them to basic barbering techniques and hair care. The workshop was also designed to be a social event in which the young people would spend time with their peers, talking, listening to music and have lunch. A total of 6 young people attended the workshop, 4 male and 2 females. Three young carers expressed a wish to have their hair cut¹. The workshop was also designed to include time for the researcher to speak to young carers about their experiences of being supported by Sandwell advocacy on an individual basis or in small focus groups. Two focus groups were facilitated (3 young carers in each).

Analysis of semi-structured interviews/ focus group data

As Stanley and Wise (1983: 167) argue, 'the best way to find out about people's lives is for people to give their own analytical accounts of their own experiences'. Semi structured interviews and focus group enabled the collection of individual experiences and we sought to generate and formulate theory from empirical data using a grounded approach where data was analysed using a

system of 'open coding', which involved sorting the data into analytical categories by 'breaking down, examining, comparing, conceptualising and categorising data' (Strauss and Corbin, 1990: 61). These categories of data were compared and contrasted to generate themes.

Analysis of monitoring data

Alongside interviews, the study is also informed by an analysis of 4 years of monitoring data (2012/13, 2013/14, 2014/15 2015/16) collected by Sandwell Advocacy.

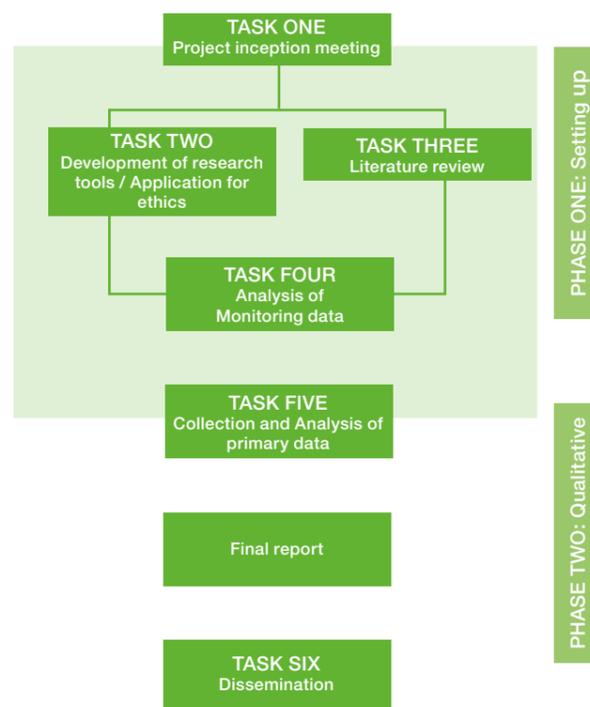
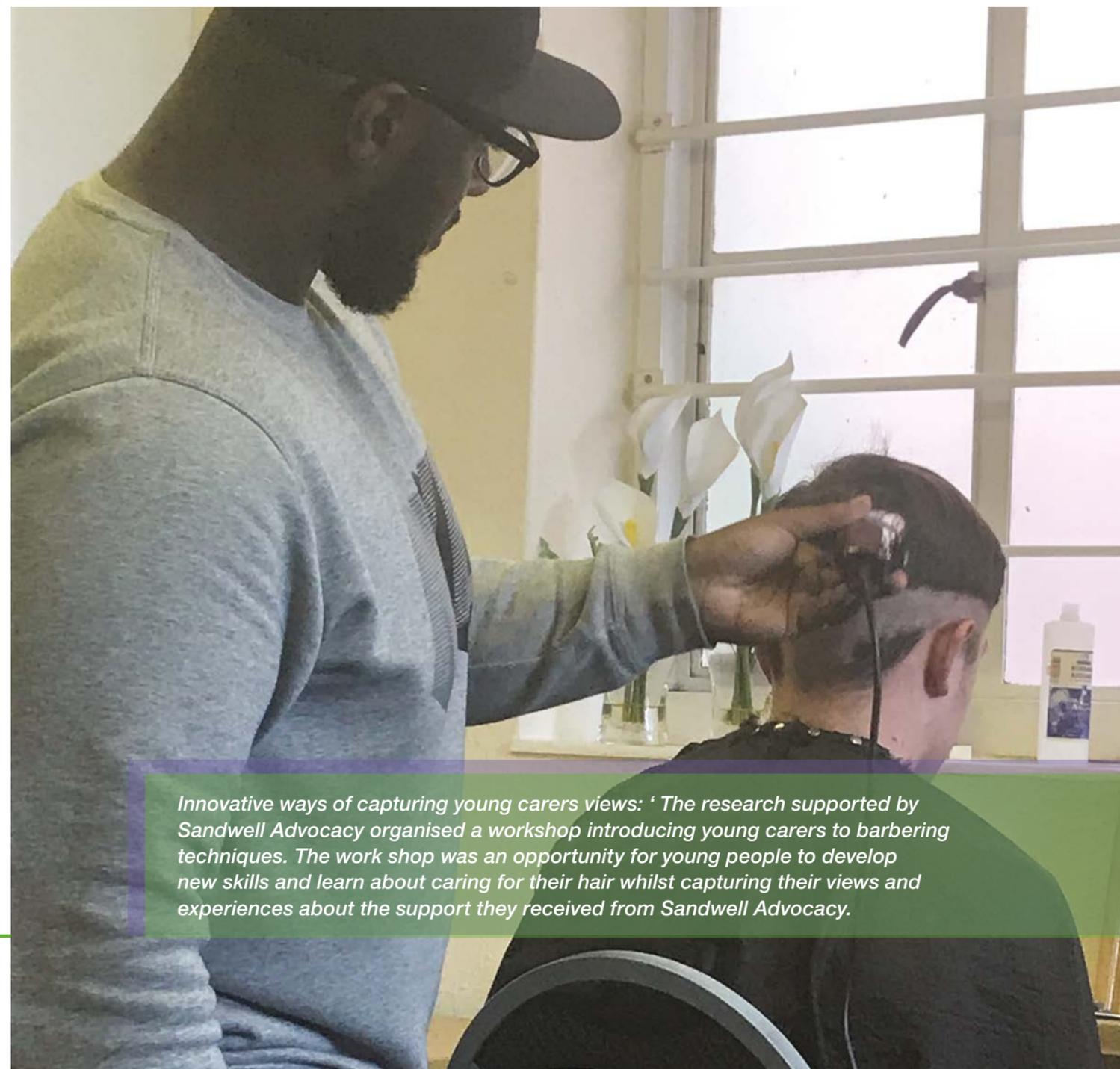


Figure 3



Innovative ways of capturing young carers views: 'The research supported by Sandwell Advocacy organised a workshop introducing young carers to barbering techniques. The work shop was an opportunity for young people to develop new skills and learn about caring for their hair whilst capturing their views and experiences about the support they received from Sandwell Advocacy.'

¹ Prior to starting the study an application was made to CU. Consent to participate in the Barbering workshop was sought from parents or Carer.

Section 1

Key Findings Analysis of Sandwell monitoring data

Sandwell Advocacy collect a range of monitoring data. In this section we present a descriptive analysis of this data in relation to who has accessed the service, what needs they present, their knowledge about the service prior to accessing Sandwell Advocacy and the outcomes identified by beneficiaries. This data reveals that Sandwell Advocacy supports young people across a wide age range (5 - 18) and since the start of the project the majority of the young carers supported have been in secondary education.

Gender

The support is provided to both males and females but the majority of those supported have been females, but as the project as progressed there has been steady increase in the number of boys/ young men accessing Advocacy support.

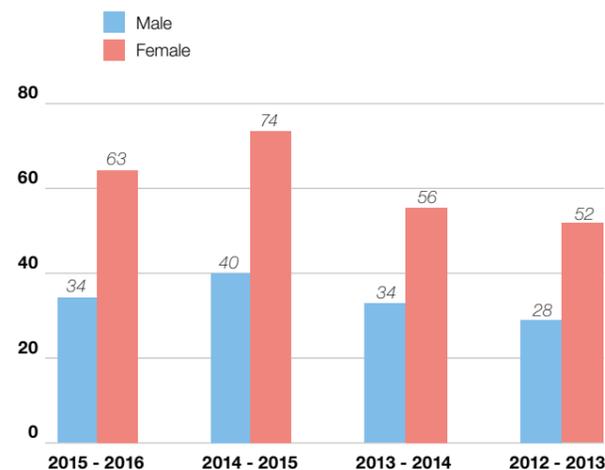


Figure 4

Ethnicity

Sandwell is a multicultural and ethnic borough. Whilst Sandwell Advocacy supports young people and their families from diverse communities, the majority of beneficiaries of Advocacy identify as White British.

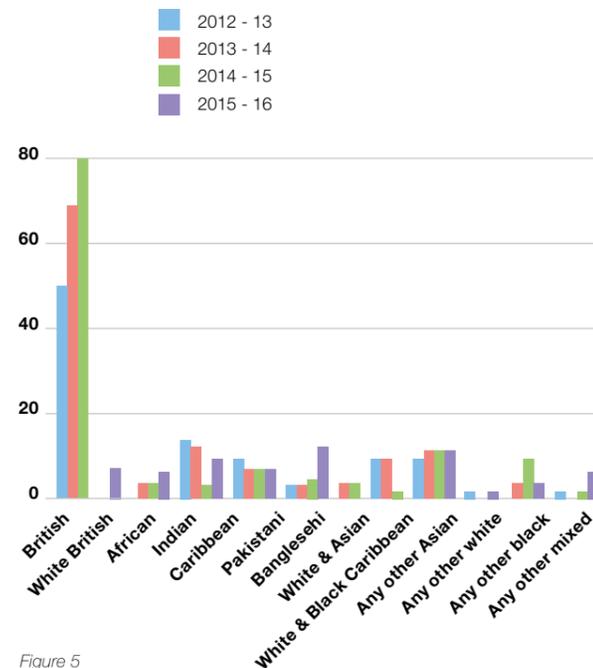


Figure 5

Area of residence

The data shows that young carers accessing the service live across the borough of Sandwell. Figure 5 shows that young people were commonly referred by more formal referral means at the beginning of Sandwell Advocacy's young carers service (e.g., CAF Team n³=2 in 2011/12, n=26 in 2012/13; and, family support worker n=2 in 2011/12, n=10 in 2012/13 and n=14 in 2013/14). However, as the delivery of the service has developed more informal means of referral have increased (e.g., self-referral n=10 in 2013/14; parent/family member or family friend n=15 in 2015/16; See Appendix 1).

Needs of young carers

Figure 6 demonstrates that the needs of young carers can be broken down into five distinct categories. Early on the most common need that young people came to Sandwell Advocacy to seek support and assistance from was educational support (n=5 in 2011/12), alongside family issues (n=2 in 2011/12) and wanting social support (n=1 in 2011/12).

What Figure 6 also highlights is that as the service has evolved young people have come to seek support from Sandwell Advocacy because of a range of different issues (e.g., breaks from caring responsibilities n=4 in 2012/13, n=7 in 2013/14; Wellbeing n=13 in 2012/2013, n=27 in 2013/14 and n=47 in 2015/16). However, young carers accessing Sandwell Advocacy for familial, educational and social support still remain high (e.g., familial n=42 in 2012/13, n=55 in 2013/14; educational n=17 in 2012/13, n=11 in 2013/14&2014/15, n=16 in 2015/16; social support n=23 in 2012/13, n=28 in 2013/14; See Appendix 2)

YC Year of Birth	2012-13	2013-14	2014-15	2015-16
1994	3			
1995	3	3		
1996	7	7	3	1
1997	8	7	4	1
1998	2	8	9	7
1999	8	13	15	9
2000	8	7	13	12
2001	7	9	10	11
2002	9	13	13	10
2003	10	14	13	9
2004	5	8	8	10
2005	10	6	8	10
2006	1	3	6	6
2007	1	1	4	6
2008			3	2
2009			2	2
2010				1

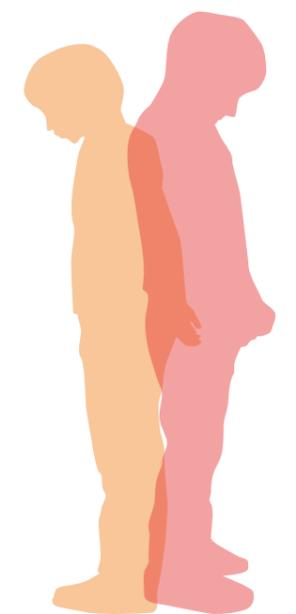
Table 6² (Start date December 2011)

Pre-CAF completed

The monitoring data of the young carers services at Sandwell Advocacy illustrates that out of those young people referred to the service year-on-year, most of them had a pre-CAF completed (n=8 in 2011/12; n=78 in 2012/13; n=106 in 2013/14; n=105 in 2014/2015; and, n=82 in 2015/16).

Support provided

The monitoring data also indicated that the support provided by Sandwell Advocacy to young people with caring responsibilities can be put into six categories (General support, Crisis support, Educational support, Emotional support, and support not identified). At the inception of the young carers service young people were primarily receiving general support (including access to social support networks; n=7 in 2011/12). As the service developed and younger people and their families became aware of it the support varied from general support (n=48 in 2012/13, n=42 in 2013/14, n=16 in 2014/15 and n=3 in 2015/16) to Educational support (including supporting homework; n=1 in 2012/13; n=5 in 2013/14; n=7 in 2014/15; n=4 in 2015/16) to Emotional support (including expressing and giving the young person a voice; n=5 in 2012/13; n=12 in 2013/14; n=5 in 2014/15; n=3 in 2015/16). What was most interesting from the monitoring data was the increase, year-on-year, for Crisis support (which included working with the wider family context; n=21 in 2012/13; n=38 in 2013/14; n=34 in 2014/15; and, n=53 in 2015/16). This clearly vindicates the need for a Young Carers Advocacy model (as used by Sandwell Advocacy) that supports the wider family unit when helping the young person with caring duties. Moreover, there is some data which indicates that support was not identified (n=13 in 2013/14; n=26 in 2014/15; and, n=8 in 2015/16), explanations for this is reported as resulting from a young person and their family; decision not to engage with SA, they did not meet the criteria and were assessed as not needing the support.



² 2011-12 involved the setting up period establishing the project and recruiting staff (2 months operational period: Feb & March) to operation until December. Setting up recruiting staff and getting systems in place

³ N is the total number

The importance of independent advocacy: 'Young carers having their voice heard'

Support provided by Sandwell Advocacy

Type of support given	2011/12	2012/13	2013/14	2014/15	2015/16
General support (e.g., access to social support networks)	7	48	42	16	3
Crisis support (e.g., helping the wider family context, break from caring role)	0	21	38	34	53
Educational support (e.g., homework support)	0	1	5	7	4

Table 7

Emotional support (e.g., expressing voice)	0	5	12	5	3
Not identified	0	0	13	26	8

Outcomes achieved

As a result of the service provided by Sandwell Advocacy, Figure 9 suggests that most young people exhibited a range of positive outcomes including:

- Increased confidence and emotional wellbeing (n=6 in 2011/12; n=23 in 2012/13; n=68 in 2013/14; n=39 in 39 in 2014/15),
- Positive engagement with statutory services (n=4 in 2011/12; n=7 in 2012/13; n=59 in 2013/14; n=25 in 2014/15),
- Access to activities and break from caring role (n=6 in 2011/12; n=30 in 2012/13; n=55 in 2013/14; n=60 in 2014/15), and
- Access to support services (n=6 in 2011/12; n=50 in 2012/13; n=60 in 2013/14; n=43 in 2014/15).



As previously noted a small number of young carers outcomes were reported as 'Not identified' (n=8 in 2012/13; n=11 in 2013/14; n=28 in 2014/15). Not identified refers to the number of YC and families who were referred to SA but, decided not to engage with SA or deemed not to meet YCA criteria and assessed as not needing advocacy support.



Section 2

Knowledge about Advocacy

Advocacy means different things to different people and is influenced by the context in which it is used and the situation in which people find their self. What is common is advocacy is associated with a notion of supporting people and the role of an advocate is relational, reflecting the significance of the relationship between the Advocate and person being supported. The importance of this relationship is a dominant theme in the data collected. The data identifies Young Carers Advocacy as a model of Advocacy that remains sympathetic to core advocacy principles of; being independent, supportive, empowering and playing a key role in assisting YC and their families in making decisions about their lives.

Young carers understanding of Advocacy

We were keen to understand what participants in our study understood by the term. Participants were invited to share what they understood by the term 'advocacy' to understand the implications for young carers, families and practitioners. Advocacy is a term that is not used in every day parlance, this was evident in the data as participants shared that prior to receiving the support of an Advocate they were unfamiliar with the concept. During interviews with young carers and family members, a common feedback was that they did not know much or anything about Advocacy before meeting their advocate:

*I knew... I knew nothing [Mother]
No, I know nothing about it [Young carer]*

What appeared important to young people and key to their decision to accept Advocacy support tended to be influenced by; their perception of the Advocate, the circumstances leading to the referral being made, the extent to which they felt involved in the decision being made, the extent to which their family appeared supportive and where the Advocacy support was provided.

YC shared that despite not fully understanding the term Advocacy prior to meeting an Advocate, it was how personable they found the Advocate and the approach used rather than the term itself that encouraged them to access support:

...I understood why she was there, and then erm and when she was speaking to me she was explaining everything that she does and

everything that she can do for me, while the situation I've got is quite bad, yeah so she helped me go through that.

What YC reported as important was their perception of the Advocate in terms of, approachability, openness and how comfortable they felt with the approach used. Also underlying this, was the time expended to reassure YC of the above:

...it was quite scary but then you start to get used to it, 'cos I had like three meetings with her.

Yeah I really didn't. And it wasn't until the 4th or 5h time that I kinda sussed her that she's here to help us, I really had to slowly open myself slowly, cause I didn't trust anyone.

The Advocacy process used was valued for providing the opportunity to focus attention on establishing and building the advocacy partnership. For YC, it was important that they felt they had someone who was open, trustworthy and consistent:

..she doesn't make a promise that she can't keep, she told me, that she couldn't fully fix the problems due to the circumstances of what my dad got accused of but she said she can help, she promised me she can help and she really has.

It was particularly important due to the circumstances some YC were dealing with:

I just didn't trust anyone. 'Cos with the circumstance I had with my family and what happened I just learnt not to trust anyone. So when she came in at first I as like 'oh what she doing?' And I didn't really trust her I really kept myself to myself. ,,I didn't speak to her for like 10 minutes, until I got that trust form her, it felt... yeah

YC valued being listened to and having someone they perceived was 'on their side' and were not there merely to tell them what to do:

...she sits me down and she ask me to explain what's wrong and that and then, she'll give me like advice to make things better, she'll let me do it my own way and if she thinks it's a bad idea she'll tell me like she's always keeping everything positive so that you got a smile on your face and you've got nothing to look down upon. Yeah, [Advocate] respects your decision no matter what you make.

They described feeling that they mattered and their views were taken seriously:

..she treats everyone equal, but she puts your needs on top the list

Connecting young carers with nature: 'Fostering mindfulness and improving well-being'



The data also shows that feeling a sense of autonomy and being included in the decisions made was central for gaining the 'trust' of young carers and key to establishing advocacy partnerships. Consequently, for YC, feeling they were listened to and their views and experiences were valued and taken into consideration was key:

I understood why she was there, and then erm and when she was speaking to me she was explaining everything that she does and everything that she can do for me, while the situation I've got is quite bad, yeah so she helped me go through that...she said are you ok, the social worker never said are you ok? So I like instantly got that trust, which is really good cause if you didn't get that trust... but no she actually said my dad by name, cause I hated, the social worker when she called my dad 'it' I just couldn't stand it... you feel safer you feel you can be open.

The data shows that equally important to YC was feeling the support they received would also be available and of benefit to their parents and/or wider family:

...its not just me that gets the support its my whole family, like... I used to feel intimidated because of my mum and felt left out of things. [Advocate] used to fight in my corner' they took me from my mum at least 30 times.

The uniqueness of the Young Carers Advocacy model established by Sandwell Advocacy is that it is specifically designed to be a partnership between the young person, their family and the advocate.

The data indicates that Young Carer's Advocacy, in line with other advocacy models, continues to reproduce ideas associated with building positive supportive relationships, centring the voices of the person(s) being supported, and giving them a voice in the decision making process. For young carers this also included providing an opportunity for Young Carers and their families to establish a relationship with an advocate and have someone that they could share their concerns, facilitate access to support if needed and gain advice when required.

YC shared how 'trust' and having confidence in the advocate was key to the relationship established:

...when I met [Advocate] she was like if you tell me anything I won't spread it to anyone unless you tell me. Like if even if I told my mum she would tell someone else, not like someone else but like not like everyone but even like her cousin like but its just weird...

What is important to note is that young carers understood that Advocates worked within the current child protection framework and were subject to the same legal duties governing organisation and institutions working with children and young people. As one mother explained:

No, she has a duty of care so she has to do what she needs to.

So the data shows that this did not pose a barrier to YC and the family members interviewed in which the data overwhelmingly indicates YC and their families being receptive to this type of support.

Parent/Carer view about the term advocacy

During interviews, parents/carers in line with YC reported having limited knowledge about advocacy. What they perceived as important was feeling they had someone on their and their child/ren side. Parents/carers spoke about Advocacy in terms of the relationship they had established with the advocate:

...she completely explained everything, told us what, you know, it wasn't just for the kids to utilise if I had questions and she could answer...

For some parents/carers, they viewed the advocate as a critical friend:

...well you can take that route, but you know, this gonna happen to you.

So, the data shows irrespective of understanding the term, Advocacy was viewed as something personal that utilised an approach that was supportive and, in some circumstances, empowering.

Practitioners and Stakeholders: Understanding of advocacy

The data highlights that whilst for YC and their families the concept of Advocacy was not necessarily a barrier to accessing and engaging with Sandwell Advocacy, practitioners acknowledged a potential challenge:

I think the challenge is the whole concept of you know advocacy and what it is and trying to explain that to an 8 year old, we struggle with that in any walks of life, we're used to the term advocacy, we're used to the word empowerment, we're used to using the words sort of person centred and person focused, but when we go into homes on a day to day basis people understandably have very



little concepts or notions of you know advocacy or empowerment and things like this, they're all sort of things that have to be explained in a way that that people comprehend and people know what it is that you're about, so often you know people like [Advocate] will go out and they'll be providing support to young carers, the definition of advocacy and what it means and what it is will not have been touched upon, the kids themselves probably will be less aware of what the term advocacy is at the end as they are at the beginning, all they see is that [advocate] and [Advocate] have helped them, they've made things better, they've made things different, they've prevented them from having to do a lot of the stuff that they used to do and I'm not sure that its necessarily helpful that they understand the concepts, it's the process rather than the concept, it's getting from A to B. The difficulty there I think arises, and I'll give you an example, erm one of the local authority teams had a consultation event with, with young carers, erm and some of the lower age group young carers were asked about Sandwell advocacy and even those who had accessed it didn't realise what Sandwell advocacy was, if they'd asked you know to talk about you know the support you've received from [advocate] or the support you've received from [advocate], they'd have known immediately what it was and what's been done and what, what differences have been made.

Consequently, the research highlights the importance of seeing beyond the label and reaffirms the significance of Advocacy as something relational, embedded in an approach that is open, and transparent and supportive with YC and their families. For YC and their families it was essential they had confidence and trust in the advocate and that the Advocate was 'different'. When we explored this notion of difference with young carers and families, a common theme was related to a general dissatisfaction with statutory services:

When social services first done the interview, they took, the initial social worker, she just didn't listen to the children, called me a liar, believed my ex-partner that I was lying through my teeth, whereas [Advocate] took the actual time to speak to the kids, and then when

The increasing demands on statutory practitioners, however, means that they sometimes encounter difficulties in working in a person centred way as acknowledged by this Advocate:

Advocates are still working in are still supporting them to speak up for themselves, it's all about the way that we approach it and the way people understand it. For me I've no issues with people not being able to explain what, what advocacy is, as long as they can explain what we've done and what difference it has been made

A key finding is that not fully understanding what advocacy means is not necessarily a barrier for those in need of Advocacy. What is important is having information readily accessible so those seeking support can gain an insight about the process and support available. Important, for young carers and their families is the personal contact whether face to face or via the telephone. Parents/Carers identified being able to speak directly to someone and hearing first-hand about Sandwell Advocacy as positive factor in decisions to access the support of an advocate. This initial interaction was deemed vitally important in terms of laying the groundwork for their future engagement and relationship.

...pick up a phone... If she wasn't in the office because she was elsewhere she'd always come back to us as soon as possible; if it needed it, she'd come out to the house, if it didn't just a quick call over the phone to talk... to, it was there

At the time of seeking advocacy support families described feeling disempowered, unheard and invisible in their interaction with statutory bodies. The initial contact and ongoing focus on the Advocacy partnership and its core values was deemed pivotal in sending a message of 'hope' to YC and the family members interviews in terms of believing there was someone open and willing to listen and this was critical to the mothers decision to encourage their child/ren to access support. During the young carers workshop young people shared how for them first impressions were important and how meeting the advocate was central to the decision too. Parents and young carers both describe the sense of relief they felt once they found out directly about Advocacy and the Advocacy process and role. The capacity to sustain these relationships and achieve positive outcomes for YC and their families are assisted by the core values that underpin Advocacy.

The need for Advocacy

As discussed previously, advocacy is associated with supporting people in diverse circumstances. In this section we share data related to how participants understood the need for advocacy. The diagram below provides a visual representation to show the multi-layered nature of need and how it operates at various levels in society.

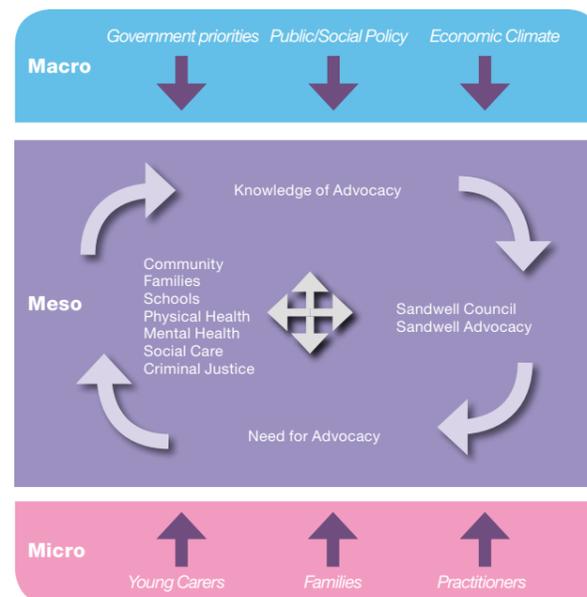


Figure 6

The diagram points to a symbiotic relationship between knowledge of Advocacy and a need for advocacy stemming from that fact that they are intrinsically linked in terms of knowledge informing need and need seeking knowledge. The need for advocacy is influenced by a range of factors across **Macro**, **Meso** and **Micro** levels.

On a **Macro** level we see the impact of government priorities, social and public policies and economic climate on the commissioning and delivery of Advocacy. It is possible to suggest that this reflects wider societal shifts towards more individualised ways addressing need. Advocacy's core features; voice choice and control are considered important and fit neatly with the individual model of health and social care.

The **Meso** level indicates that knowledge and need are shaped by a range of different actors. On one side you have the commissioner and service providers working to meet the needs of young carers. This is informed not only by the Macro level but is also reinforced by the local need (Micro level).

It is on the **Micro** level where we can position notions of need as perceived by young carer, their families and practitioners. Here we see, how the Micro level offers young carers, families and practitioners working together to shape and inform service delivery.

Setting out these dynamic relationships is essential to offering a nuanced understanding of the diverse and range of ways in which YC advocacy supports young carers and their families.

Young carers need for Advocacy

As detailed previously, a substantial number of young people have caring responsibilities and young carers live in circumstances in which their role in families may mean having to provide practical and emotional support to other people. The outcome is that they can be vulnerable to various social, emotional and psychological issues (Warren, 2007). Young carers in our study spoke about caring for adults or siblings with a range of health related needs. One young male who was in primary education shares the following:

... cause my mum's got Lupus and I've had problems with my mum and dad and that, like and [names advocate] comes in and she acts like a second parent pretty much, and she helps me through it, with my mums Lupus, erm, she helps with little things which try to make my mum feel better and she just makes everything stable

Another shared how family related factors had a devastating impact on his mother's emotional well-being:

...my mum has to go through so much stress cause my dad's not there to help so she so stressed all the time

Alongside performing a caring role within the home, young carers also reported a vulnerability resulting from circumstances such as; being bullied at school, being on the child protections register, living in an abusive household and being economically disadvantaged.

I used to get bullied and like, [Advocate] was there and because like [Advocate] was trying her hardest and like whatever I told her she said what I thought about the bullying, she took to the meeting so I then finally got heard not ignored like sitting in the corner, I got heard out the bullies got disciplined and then erm because erm they didn't learn their lesson I got moved out of my old school because of how bad it was.

One YC spoke about her experiences of being a young mother and in an abusive relationship with her child's father:

...it was controlling and I was really in denial of the control.

Others shared being in circumstances in which they felt let down by adults working in Statutory bodies:

I had welfare support after school ... I thought I could trust this teacher but then she then in the meetings, turned her back. They actually sent [her son] to a privately funded school, cause [her son] was getting bullied there not only by students, but by a teacher.

In the young carers' narratives there is evidence of them feeling a sense of frustration, anger and disempowerment. This is captured in the narrative below in which a young carer shares his feelings. At the time of his referral by his mother for Advocacy, he was subjected to a child protection order and being visited at home and in his school by a social worker. His family had come to the attention of the criminal justice system and at the time of the study his father had been released from prison on licence but was not allowed to have contact with the children:

.. and mum would just sit there, tv wouldn't be on she would just be staring, like the colour had just drained on her and she'd have her head in her hands, and I hate when people make my mum upset, like people can say stuff about me and I wouldn't be bothered, but when you start hurting others around me that I really care about, you just want to kill them. And every time she visited me at school, I got pulled out my lessons... my education was being stopped for her to accuse my mum of saying stuff again. And that's when I had had it; I went to my year reporter and said I didn't want to see her in this school again.

Another shared how they viewed advocacy has a key factor in a decision not to take her and a brother into care:

I think if it wasn't for the advocacy and [Advocate]. I don't think we'd be sitting here with mum today.

Alongside this, the role YC Advocacy played in the development of social and interpersonal relationships was also identified. YC Advocacy provided the opportunity for young carers to meet and temporarily forget about their caring duties. It also facilitated peer support networks between young carers and helped to build confidence and self-esteem:

It helps you realised that I'm not the only one that's going through a problem and that people have got problems as well.

It can help out each other as well as not putting all the weight upon your shoulders you provide that sort of peer support

Yeah cause when I first came here, ahh how old will they be and everything'? But they like, I thought that they'd be like like not the same going through problems what like, but they are, so it's just like, knowing that I'm not

What does 'need' look like for Parents and carers?



Two of the parents interviewed shared how they had proactively sought support for their child. Even if they did not fully understand the term Advocacy; they understood sufficiently to know that it was associated with support, which was independent from statutory bodies. They perceived it as somewhere to go at a time in which they felt they were in 'crisis', disempowered with few options as one mother explained:

I typed in 'my children need a voice'. And then obviously we must have put like voice boxes and stuff, and I was like 'ok, don't put that in'. And I put 'terrible time with social services, children not being listened to'. And this was the first one that come up, and then underneath was the NSPCC. And I just thought 'right, I'll have a look on their' website, so I had a look and it was like we're here because this is...I was at the end of my tether then, so anything, I had come to a point, no matter what my kids said, I was being accused of putting it in their heads, even thought that she'd go and see them separately at school she'd go and see them,

Another mother explained how at a time of crisis she was referred by a social care practitioner for Advocacy:

I came out of a meeting from [practitioner], needed to ask her some advice. And [practitioner] said 'ok, I'm gonna get the kids an advocate and you need one too.' So she got in touch with the advocacy and she got in touch with [Advocate].

The significance and need for this support, at a point in which families themselves are feeling vulnerable is captured in the quote below:

I felt... that I was failing. And I said to her the first couple times that I met her that I'm failing my kids because I can't stop them from hurting. I can't stop this process from happening and she's making it worse, and has made it...worse for the last 2 years, plus, I don't know that I'm doing, you know I've always been a good mother and I'm a functioning adult and I am a force to be reckoned... kids are my weakness so when they're hurting I'm hurting and I just got to the point where I was that petrified of them being taken anywhere,

For these mothers, Advocacy was described as a life saver. This was viewed in terms of the support it provided their child/ren and wider family:

...yeah all of that, she was a life line, she rescued me, I don't get rescued very often, but I was

drowning in a whole crappy whirlpool and I couldn't get out of it, no matter what I tried, I was being criticised from her [refers to Social Worker]. So when she [Advocate] came along she just took a weight off me, and I thought this ain't me then, I'm doing alright...I think there is a real need for it, for [Advocate] role, definitely. I mean at one point it got really bad last year and if it wasn't for [Advocate] and her support I think the kids would have fell apart, not just me. You know the kids really would have, especially her at one point she was quite timid when [Advocate] first met her, so was [names son] was very withdrawn, but for talking to [Advocate] and [Advocate] getting the help that we needed, its benefited them, it really has, in more ways then one.

Another Mother shared how the impact of Advocacy for her son resulted from the emotional and practical support he received:

Straight away you can understand why [son] ... it took a while to get to the bottom of it, why [son] was refusing to go to school and all of a sudden it just poured out and poured out to [Advocate], because he's got that trust he's got that bond, but even now the school, without [Advocate] it's a case with the school it's my word against their word, but with [Advocate] there I have a paper trail, because I have back up. Because they will turn around and say one thing to me, then completely switch it to a different thing to somebody else, they actually done it quite a few times now, one teacher actually turn around concerning [Son] his attendance is absolute abysmal, he's missed 25 days of school and he was seven and it was all documented at the doctors we've [Advocate] support saying he's meant to get to the doctors, make sure you book

For these parents, the need for advocacy was understood in terms of doing the best for their children, as well as recognising that their children needed additional support that was best provided outside of the family unit. It was also about understanding that their children needed an outlet outside of the family home and YC Advocacy provided young carers with that opportunity:

The way I was seeing it then was, the more support my kids got the better.....

A representative from the local authority also recognises the vital role that Advocacy can play in supporting young people in an economic climate of austerity. Austerity, coupled with greater individualism and competing demands has meant statutory services such as social care and the educational sector are having to

navigate an increasing challenging child welfare service. Therefore, third sector organisations such as Sandwell Advocacy have the opportunity to establish a positive and supportive relationship with YC at a time when some families and statutory bodies are just not coping:

I think it is, I think there is a need for a advocacy service, looking at some of the statistical returns that Sandwell advocacy send the local authorities as well, it's obvious that they are working in a lot of schools where there are issues of children's attendance, coming in late and they've been able to get better results than I think a social worker would because they've been able to spend time with the young carer they've been able to spend time in the school exploring the situation and trying to get the answers in, they've been quite successful at doing it, the other thing I would say, when I met with the young carers erm, there were a couple that were quite vocal against social workers, they came in with a little bit of a shock when they discovered I was a social worker, but that was about their journey and their unhappiness at what had happened with their contact with social services which was really important for me to hear because again if we were planning to put advocacy back into a statutory role, we'd need to be aware of that, erm and the message coming across from the young carers was they didn't want to have a social worker if there was no need to have a social worker, I think the advocacy project prevents the need for social workers, because they're able to solve most of the issues. I think it is, I think there is a need for a advocacy service, looking at some of the statistical returns that Sandwell advocacy send the local authorities as well, it's obvious that they are working in a lot of schools where there are issues of children's attendance, coming in late and they've been able to get better results than I think a social worker would because they've been able to spend time with the young carer they've been able to spend time in the school exploring the situation and trying to get the answers in, they've been quite successful at doing it.

Further, an Advocate notes the importance of their role in providing support for young carers. In their remarks, they recognise the value of the service but also the iterative process between the micro, meso and macro level in understanding and determining 'need'. Within this process, the Advocate acknowledges that the Macro (government policy) should respond to the Micro (needs of YC and their families) but because of resource implication at the Meso level some needs will be unmet:

Erm professionals as a whole rather than advocates themselves, I think first as an organisation as advocates I feel that we are, couldn't do much more to make sure we are targeting young carers, we're finding young carers we're talking to professionals about looking at the invisible young carers you know, we do training to ensure that people can identify the harder things to identify, so the bits that might be missing, we do a bit of training around that, we developed erm a toolkit which shows professionals what they might need to look for when they're looking at the family or looking at safeguarding issues, so we've really pushed that as advocates, but for us we've only got so much capacity in the service that's being required from us.

It is this iterative process which often causes the tension between unmet need and resources needed. This is because while there is 'need' at the Micro level, Advocacy services are working in a climate where the Macro level is not responding to or investing in services. Leaving those organisations at the Meso level to juggle resources and compete for funding, meaning some young carers' needs are not met or invisibilised:

Well, that was always it's intention as far as I was concerned, it would increase access to services for those that needed them, I don't see any difference on the ground, nothing to me has changed remarkably since the introduction of the are act from what it was like beforehand, the principles that underpin it are brilliant you know, greater rights, greater support, greater access to services, flexible to suit the needs of individuals all that kinda stuff, but we've still got even greater overstretched social workers trying to deliver more with less.



'Taking time out at Salop Drive Market Garden'.

Section 3:

Final Reflections

The aim of this study was to capture the views and experiences from beneficiaries and key stakeholder about Young Carers Advocacy delivered by Sandwell Advocacy. The data has demonstrated that the voices of young carers can be lost due to the different ways in which key stakeholders define need.

What must be acknowledged first and foremost is that the delivery of Sandwell Advocacy's Young Carers Advocacy operates in an increasingly difficult climate characterised by; austerity leading to retrenchment in social care and youth provision and in a very competitive third sector environment in which funding is often short term. Hence, social policy and government priorities at the Macro level which, while should be investing and responding to the needs of young carers, are operating within a culture of individualism. Consequentially, third sector organisations (at the Meso level) are having to meet 'need' while balancing resources, meeting caring needs of young carers and competing for short-term funding through tendering opportunities. This leaves young carers (at the Micro level) vulnerable in terms of their needs being unmet or left behind within the system. However, overwhelmingly, the data reveals a myriad of ways Advocacy is described as meeting needs. In their narratives participants shared the positive benefits in relation to the work carried out by Sandwell Advocacy and reported a range of positive experiences and outcomes. The young people and families were diverse with varying levels of need but the core values underpinning Advocacy allow for an approach which is flexible, but more importantly relational.

Sandwell Advocacy has developed a model that attempts to provide a service for young carers which, not only supports young people but supports their wider familial network. The model rests on developing 'trust' between the young people and their families and the Advocate. In doing so, the strength of this model of Advocacy is that it offers direct support to Young Carers and their families, giving them control, choice and a voice when needed. Additionally, Young Carers Advocacy offers young carers a peer support network and a 'safe space' for young people. The model also serves as a gateway that, in building young carers and their families' confidence, young carers and their families are more likely to with greater confidence with statutory services.



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Advocates and young carers. 'The power of peer support and social interaction'



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